People, Products, & Progress: The Continued Evolution of CAMHD

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Systemic change over past 3 years:

Education

Health

Justice

Systemic change over past 3 years:

Education

Less Intensive Services

Pervasive Developmental Disorders

Systemic change over past 3 years:

Health

QUEST Behavioral Health Plan Monitoring

Severe Emotional & Behavioral Disturbance (SEBD) Referral Process

Systemic change over past 3 years:

Justice

Family Court Liaison Branch

Goals of Annual Evaluation

 Look over the past 3 years to identify youth similar to those eligible for CAMHD's current services, and describe

- 2. Who they were
- 3. How they were served
- 4. What results were obtained

Who Were CAMHD's Ohana?

- 1. How many were served?
- 2. Where were they served?
- 3. What was their gender?
- 4. What was their race or ethnicity?
- 5. What were their problems?

How many were served?

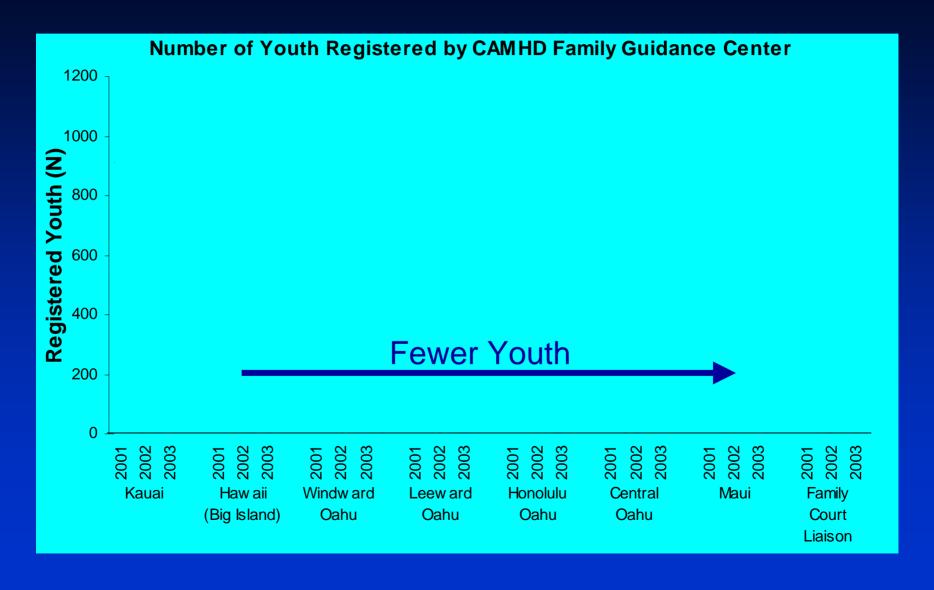
	2001	2002	2003	
Number of Youth	4,878	3,111	2,525	T



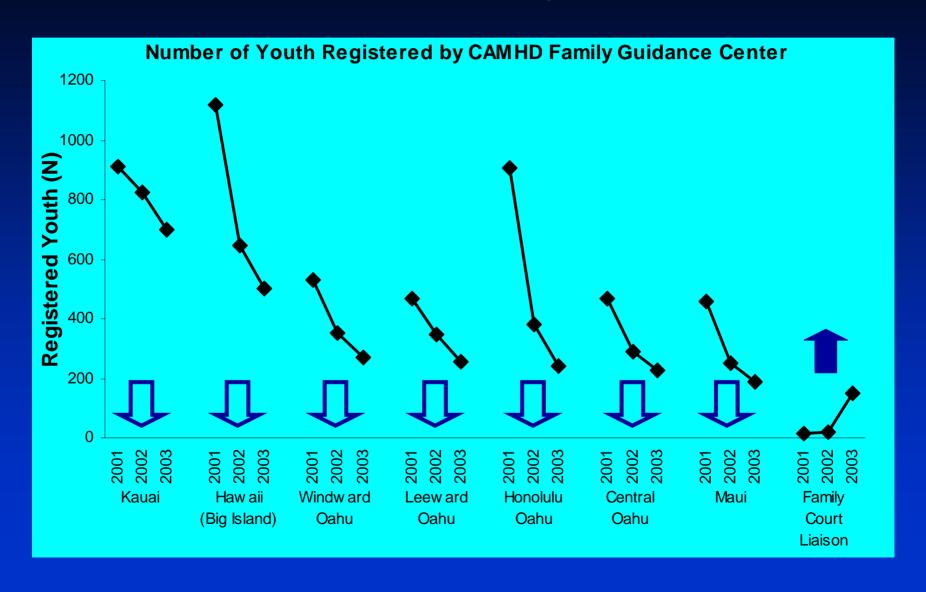
48% Overall Decrease

Total Registered Count excluding DOE transfers & Pervasive Developmental Disorder

Where were they served?



Where were they served?



Where were they served?

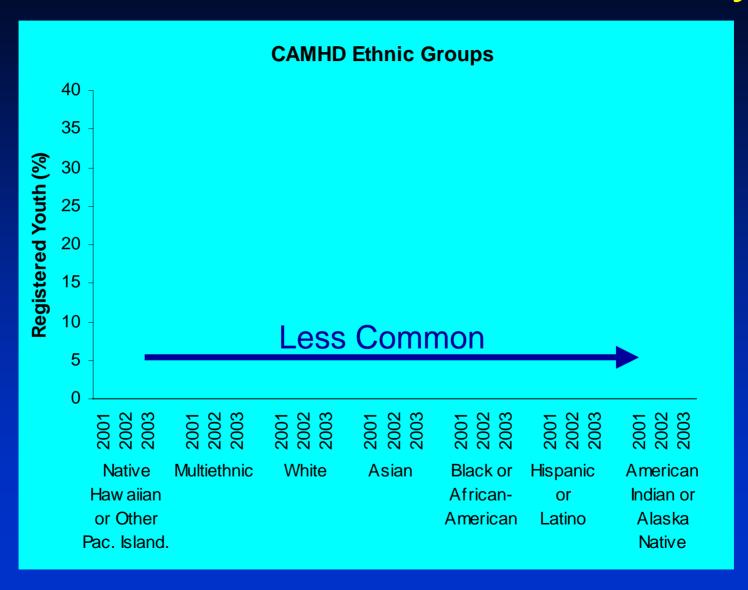
	Percent of 2000 Hawaii Census Population for 3 – 21 Year-olds			
County	2001	2002	2003	
Kauai	5.74	5.21	4.39	
Hawaii (BI)	2.73	1.57	1.22	
Maui	1.38	0.76	0.56	
Honolulu	1.06	0.61	0.44	
State	1.55	0.99	0.80	

What was their gender?

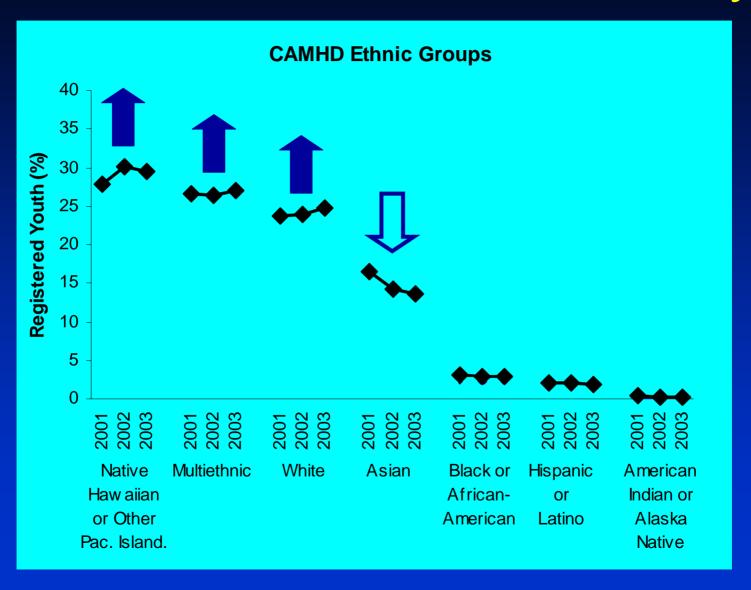
	2001	2002	2003
Female	31%	30%	32%
Male	69%	70%	68%

No Significant Change

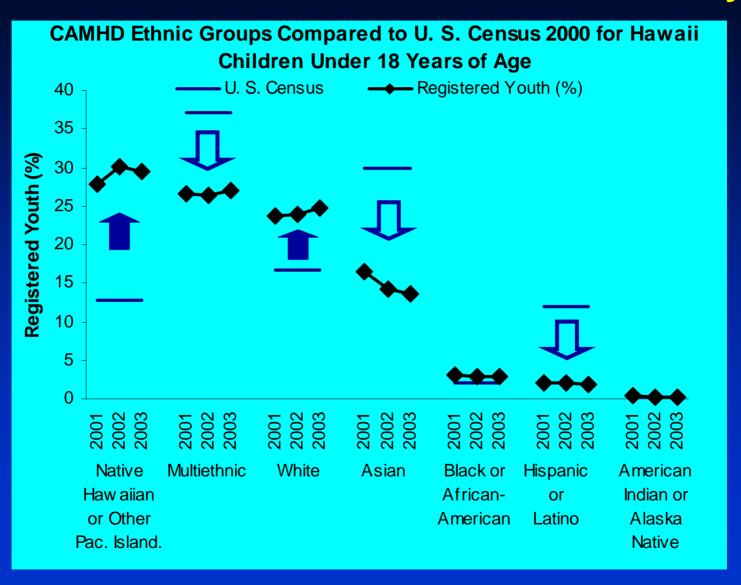
What was their race or ethnicity?



What was their race or ethnicity?



What was their race or ethnicity?



What were their primary problems?

Primary Diagnosis	2001	2002	2003	
Attentional	27%	25%	26%	
Disruptive Behavior	23%	24%	24%	
Mood	18%	19%	22%	1
Adjustment	12%	11%	9%	
Anxiety	9%	9%	9%	
Miscellaneous	7%	6%	5%	
Substance-Related	2%	3%	3%	
Psychotic Spectrum	1%	1%	1%	

Did they have multiple problems?

	2001	2002	2003
Multiple Problems	57%	63%	65%



How were they served?

1. How many out-of-home services?

2. What type of out-of-home services?

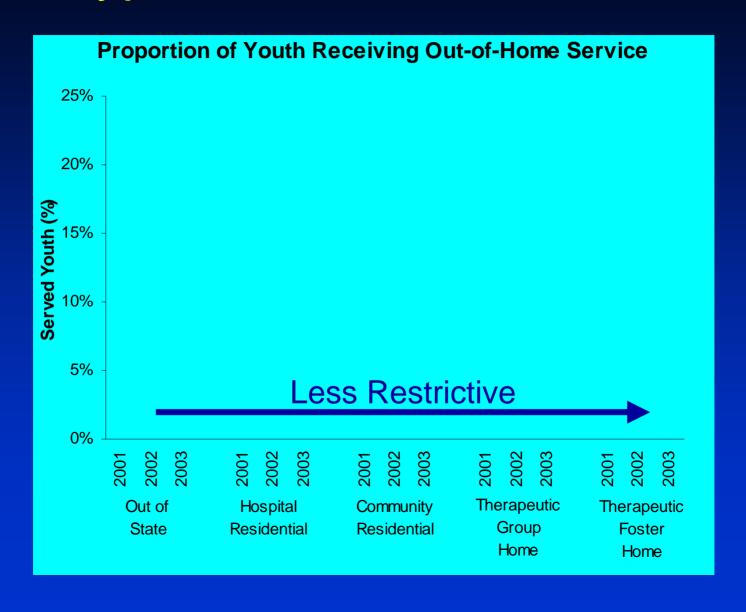
3. What type of in-home services?

4. What predicted out-of-home services?

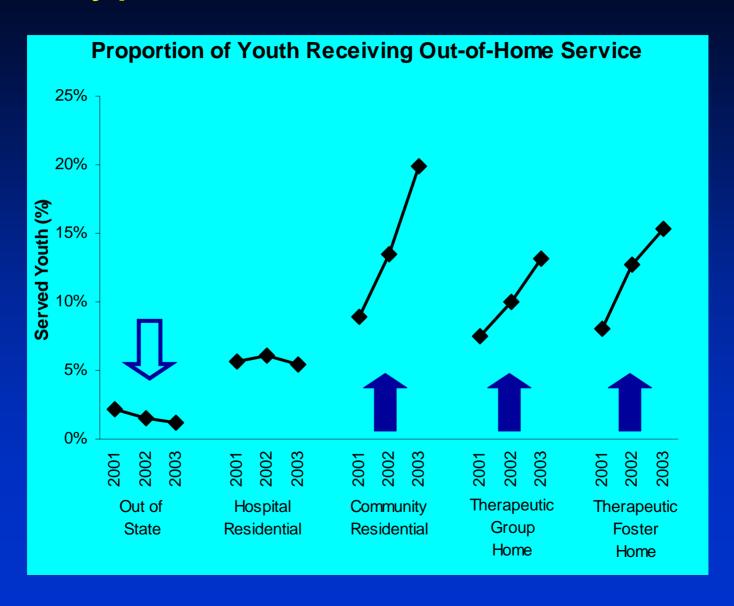
How many out-of-home services?

	2001	2002	2003	
Youth with an Out-of- Home Service	28%	39%	47%	1
Service Hours Provided Out-of-Home	24%	33%	42%	1

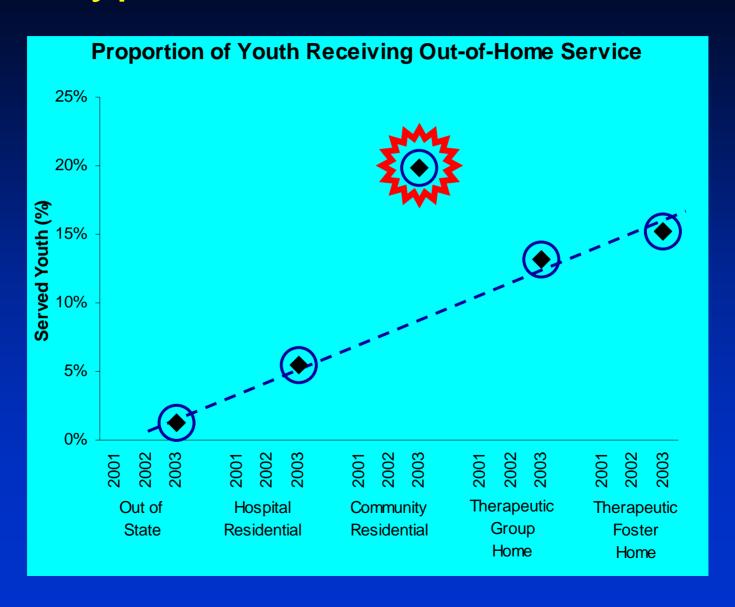
What type of out-of-home services?



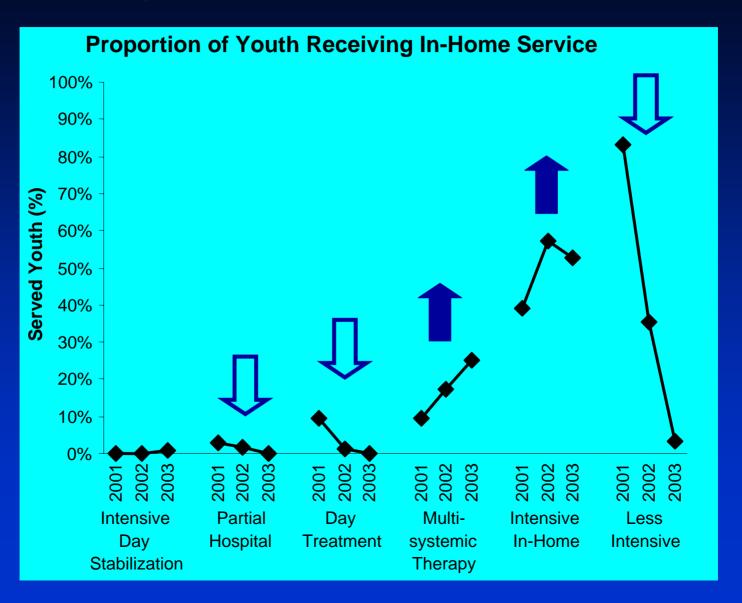
What type of out-of-home services?



What type of out-of-home services?



What type of in-home services?



Age

Older youth

Race and Ethnicity

Native Hawaiian or Other Pacific Islander
White
Multiethnic

Interagency Involvement

Department of Human Services
Family Court Hearing
Detained or Incarcerated

Geographic Location

Hawaii (Big Island) Leeward Oahu

Type of Problem

Primary Disruptive Behavior Disorder
Primary Substance-Related Disorder
Primary Mood Disorder
Multiple Disorders

What predicted in-home services?

Type of Problem

Attentional Disorder

was more likely to be served in-home

What results were obtained?

1. How long were youth registered?

2. How many returned after discharge?

3. Did their lives get better?

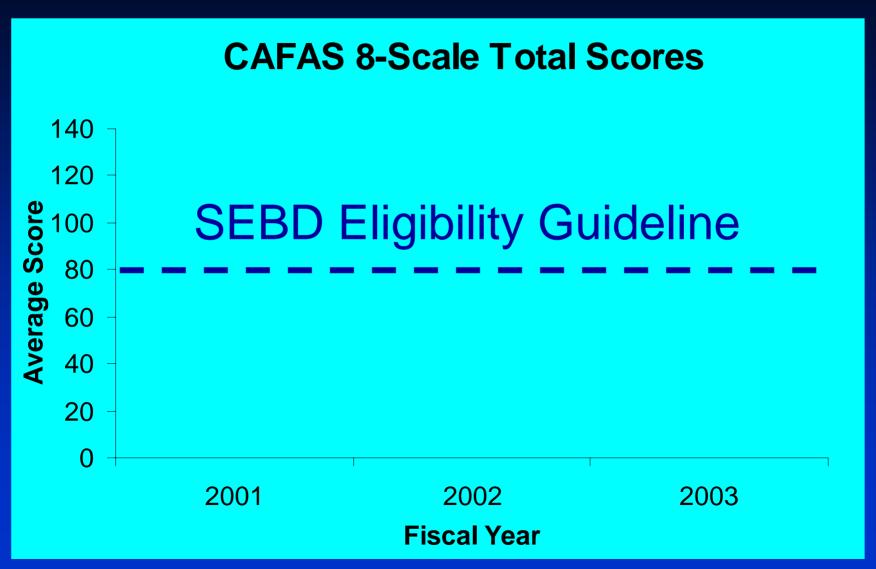
4. What predicted changes in functioning?

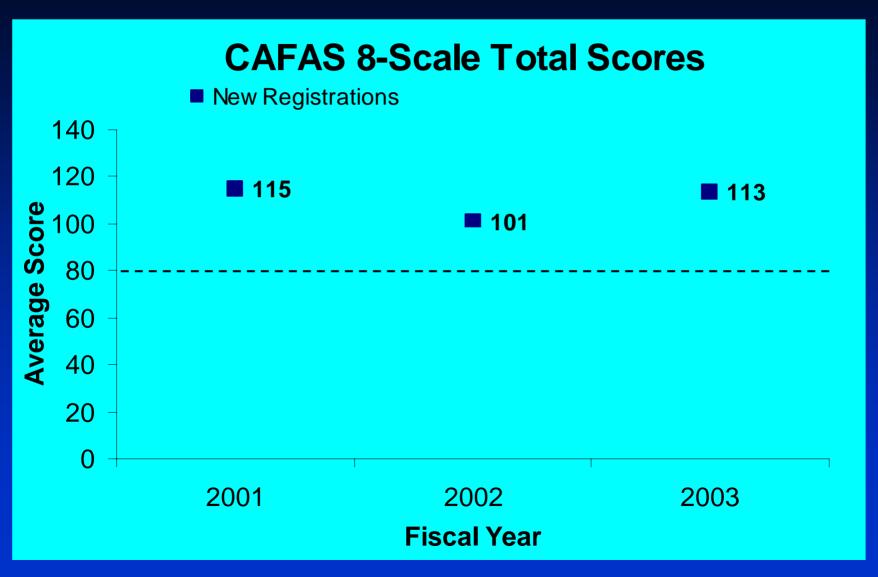
How long were youth registered?

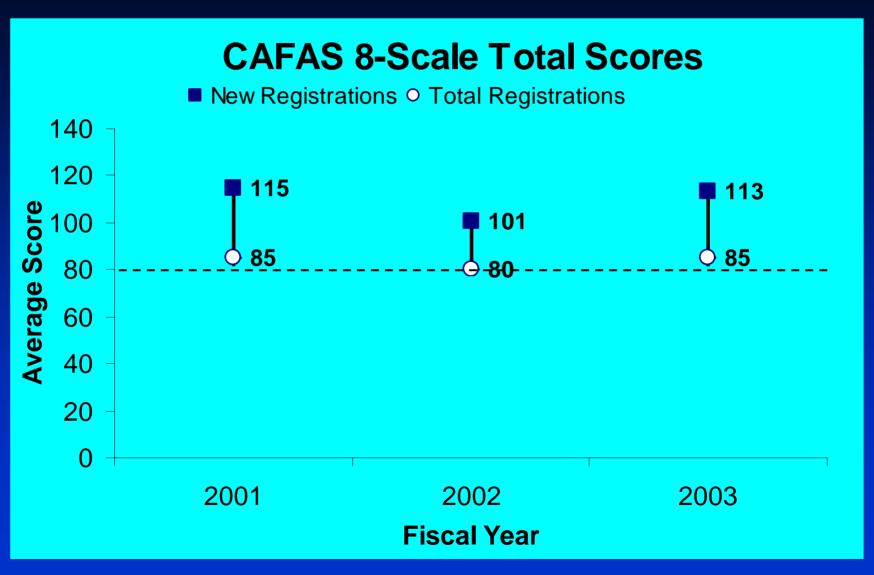
Length of Service	Proportion of Youth
9 Months or Less	1/2
18 Months or Less	3/4
36 Months or Less	9/10

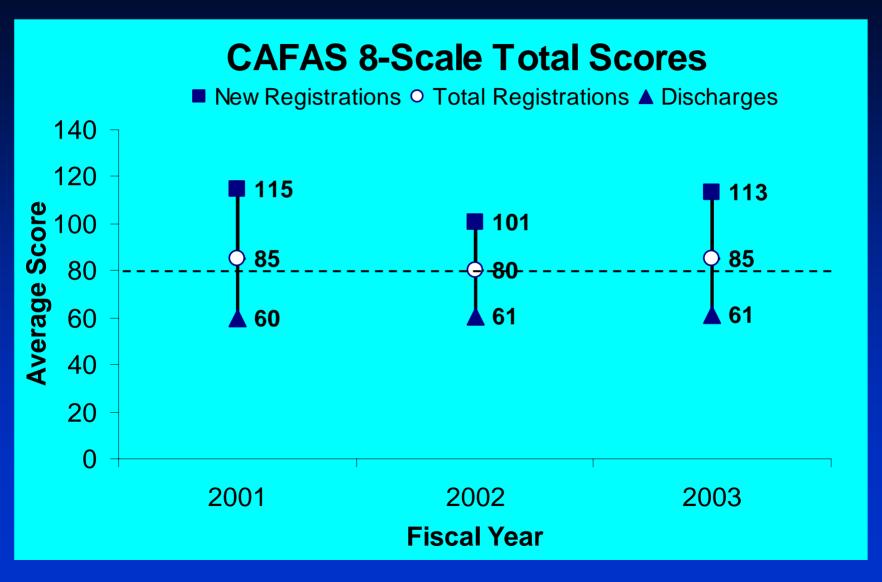
How many return after leaving?

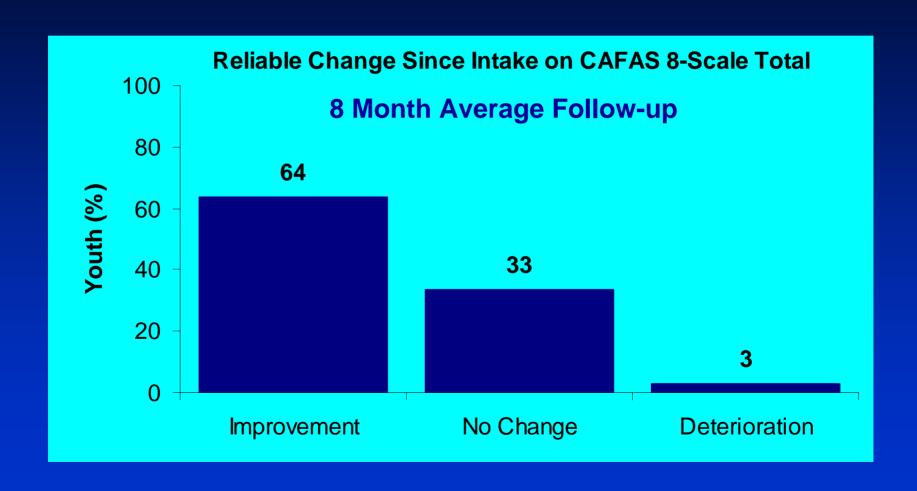
Length of Service	Proportion of Youth
6 Months or Less	1/20
24 Months or Less	1/10

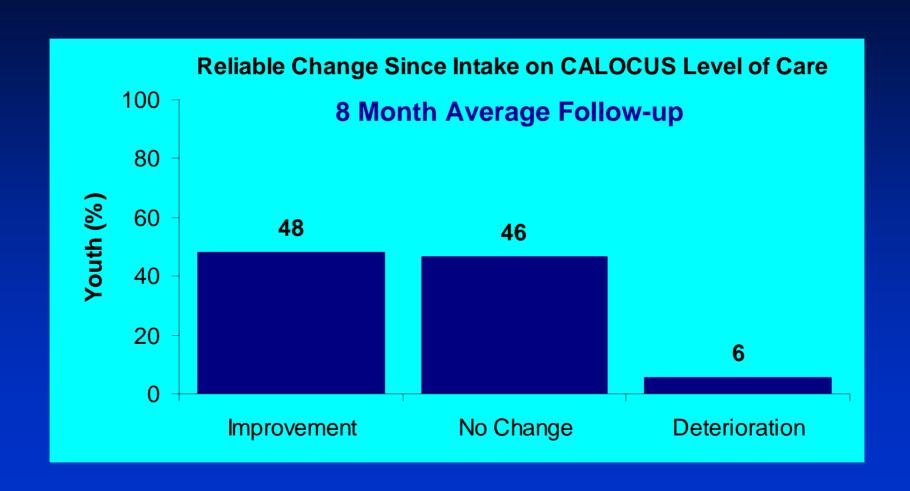












What predicted changes in functioning?

Type of Problem

Primary Substance-Related Disorder
Primary Mood Disorder

were more likely to reliably improve

What predicted changes in functioning?

Type of Problem

Primary Disruptive Behavior Disorder

was less likely to reliably improve

What predicted changes in functioning?

Service Setting

Multisystemic Therapy
Therapeutic Group Home
Hospital-Based Residential

were more likely to reliably improve

Good Work!!!

Most youth are improving within a moderate length of time.

Most discharged youth do not return within a few years.

Who We Serve

Foster SEBD referrals

Emphasize facilitation over gate-keeping

Nurture community relationships

How we serve

Conservative use of community-based residential

Aggressive use of home and community services

Coordinate "wrapping" of less intensive services

Highlight family preservation and strengthening

Obtaining Results

Promote early identification and treatment (e.g., CAFAS near 80 rather than 110)

Prioritize evidence-based services (e.g., Disruptive Behavior Disorders)

Use information and decision tools to identify & address youth who may be "stuck"